

COMPLIANCE CHECKLIST**▷ Rehabilitation Facilities – Nursing Unit**

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review. A separate Checklist must be completed for each nursing unit.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

.....

Satellite Address: (if applicable)

.....

Project Reference:

.....

.....

Dates:

Initial:

Revisions:

DON Identification: (if applicable)

.....

Bed Complement:

Current Number of Beds =

Proposed Number of Beds =

Building/Floor Location:

.....

.....

ARCHITECTURAL REQUIREMENTS**SUPPORT SERVICES**

Complete separate checklist (IP16)

10.15.A PATIENT ROOMS

- 10.15.A1 ☐ 4 patients max. capacity per room
☐ At least 2 patient rooms are single-bed rooms
- 10.15.A2 ☐ with private toilet rooms
☐ Min. functional area
☐ 140 sf single
☐ 125 sf/bed multibed
☐ 3'-8" clear at foot of bed

10.15.A3 ☐ Window in each room

- 10.15.A6 ☐ Toilet room
☐ accessible without entering the general corridor
☐ serves no more than 2 rooms & 4 beds
☐ sized for wheelchair access
☐ Closet/wardrobe for each patient
- 10.15.A7 ☐ min. 1'-10' x 1'-8"
☐ adjustable clothes rod
☐ adjustable shelf
☐ Privacy cubicle curtains

10.15.A8

10.15.B SERVICE AREAS10.15.B1 ☐ Administrative center or nurse station10.15.B2 ☐ Nurse's office10.15.B3 ☐ Storage for administrative supplies10.15.B5 ☐ Charting facilities10.15.B6 ☐ Staff toilet room(s)☐ Staff lounge10.15.B7 ☐ Secure storage for staff personal items

- 10.15.B8 ☐ Exam/treatment rm **or** ☐ All single-bed patient rooms
(may be shared with med/surg unit) **or**
☐ min. 120 sf ☐ Evaluation exam room
☐ storage ☐ conveniently accessible
☐ writing surface

- 10.15.B9 ☐ Clean workroom: **or** ☐ Clean supply room (for
/7.2.B11 ☐ counter holding of clean & sterile
☐ handwashing station materials from central
☐ storage facilities supplies area):
☐ storage facilities

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**☐ Handwashing station☐ Vent. min. 2 air ch./hr

Lighting:

☐ reading light for each bed☐ switch usable by patient☐ night light

Power:

☐ duplex receptacle on ea.

side of ea. bed

☐ 1 duplex recept. emerg.

power

Nurses call system:

☐ nurses call device for each

bed

☐ light signal in corr. at rm door☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Bedpan flushing device☐ Emerg. pull-cord call station☐ Convenient handwashing station☐ Nurses call enumerator panel☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Handwashing station☐ Vent. min. 6 air ch./hr☐ Min. 2 elect. duplex receptacles☐ Staff call station☐ Vent. min. 4 air ch./hr☐ Duty station visible call signal

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

- 07/01 IP16

GENERAL STANDARDSDetails and Finishes

Inpatient corridors

- | | |
|---|--|
| > New/Extensive Construction
___ min. corridor width 8'-0"
(NFPA 101) | > Limited Renovations
___ corridor width
unchanged or
increased |
|---|--|

Staff corridors

- ___ min. corridor width 5'-0" (7.28.A2)
- ___ Fixed & portable equipment recessed does not reduce required corridor width (7.28.A3)

- ___ Work alcoves include standing space that does not interfere with corridor width

☐ check if function not included in project

Doors (10.24.A3-A6):

- ___ doors to patient bedrooms min. 3'-8"w x 7'-0"h
- ___ doors to other rooms used for stretchers or wheelchairs min. 2'-10" wide
- ___ all doors are swing-type
- ___ outswinging/double-acting doors for toilet room
- ___ doors do not swing into corridor

- ___ Operable windows (7.28.A9-A10):

- ☐ check if all windows are fixed
- ___ window operation prohibits escape or suicide
- ___ insect screens

- ___ Glazing (7.28.A11):

- ___ safety glazing or no glazing under 60" AFF & within 12" of door jamb
- ___ safety glazing in recreation areas
- ___ safety glazing (or curtains) in shower & bath enclosures

- ___ Linen & refuse chutes min. int. dim. 2'-0" (7.28.A12)

☐ check if service not included in project

- ___ Thresholds & expansion joints flush with floor surface

- ___ Grab bars in all patient toilets & bathing facilities (10.24.A13)

___ 1½" wall clearance

___ 250 lb. capacity

- ___ Handrails on both sides of corridors (10.24.A15-A16):

- ___ 1½" wall clearance
- ___ top of handrail standard height 32" AFF
- ___ handrail returns meet wall at each end

- ___ Patient handwashing sinks are handicapped type (Policy)

- ___ Handwashing sinks anchored to withstand 250 lbs.

Vertical clearances (10.24.A22):

- ___ ceiling height min. 7'-10", except:
- ___ 7'-8" in corridors, toilet rooms, storage rooms
- ___ sufficient for ceiling mounted equipment
- min. clearance under suspended pipes/tracks:
- ___ 7'-0" AFF in bed/stretcher traffic areas
- ___ 6'-8" AFF in other areas

- ___ Noise reduction at patient rooms as per Table 7.1

- ___ Activity rooms not located over patient bed areas

Floors (10.24.B2):

- ___ floors easily cleanable & wear-resistant
- ___ non-slip floors in wet areas
- ___ wet cleaned flooring resists detergents

Walls (10.24.B4):

- ___ wall finishes are washable
- ___ smooth/water-resist. finishes at plumbing fixtures

- ___ Acoustical ceilings in corridors & nurses station (10.24.B7)

Elevators (10.26.A)

- ☐ check if service not included in project
- (only if all patient facilities are located on entrance floor)

Min. interior elevator dimensions

- | | |
|--|--|
| > Extensive Construction
___ 5'-8" x 9'-0" (10.30.B1) | > Limited Renovations
___ 5'-0" x 7'-6" |
|--|--|

- ___ Elevator doors at least 3'-8" wide

Mechanical (10.31.D)

- ___ Mech. ventilation provided per Table 7.2
- ___ Exhaust fans located at discharge end
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ___ Contaminated exhaust outlets located above roof
- ___ Ventilation openings at least 3" above floor
- ___ Central HVAC system filters provided per Table 7.3

Plumbing (10.31.E)

Handwashing station equipment

- ___ handwashing sink
- ___ hot & cold water
- ___ single lever or wrist blades faucet
- ___ soap dispenser
- ___ hand drying facilities

Sink controls (10.31.E1):

- ___ hands-free controls at all handwashing sinks
- ___ blade handles max. 4½" long
- ___ blade handles at clinical sinks min 6" long

- ___ Non-slip walking surface at tubs & showers

Electrical (10.32)

- ___ All occupied building areas shall have artificial lighting (10.32.D3)
- ___ Duplex, grounded receptacles max. 50 feet in corridors, max. 25 feet from end wall (10.32.E2)

Emergency power (10.32.H)

- ___ emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110
- ___ emergency power source provided with fuel capacity for continuous 24-hour operation